

## Chris Aquino

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Thursday, January 29, 2015 5:23 PM  
**To:** Constantine Kolouas; Chris Aquino  
**Subject:** 2015 Annual Report - WMATC No: 986, Carrier Name: Innovative Life Solutions, Inc.  
**Attachments:** 54cab2bcaa045-WMATC Annual Vehicle Report.xls

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### Washington Metropolitan Area Transit Commission 2015 Carrier Annual Report Form

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#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### **1. ANNUAL REPORT OF:**

**WMATC No.:** 986

**Name of Carrier (as shown on certificate of authority):** Innovative Life Solutions, Inc.

**Trade Name:**

**Principal Place of Business**

**Street Address:** 7416 Blair Road, NW

**Apt./Suite:**

**City:** Washington

**State:** DC

**Zip:** 20012

**Mailing Address (if different from street address)**

**Street:** 6475 New Hampshire Avenue

**Apt./Suite:** 760  
**City:** Hyattsville  
**State:** MD  
**Zip:** 20783

**Telephone Number:** (301)270-4750  
**Other Telephone:** (301)602-9997  
**Fax Number:** (301)270-4754  
**E-mail:** [dcarrington@innovativelife.org](mailto:dcarrington@innovativelife.org)

**2. OTHER PASSENGER CARRIER AUTHORITY** (if applicable, list carrier/permit number):

**USDOT No.:**

**DCTC No.:**

**Virginia DMV passenger carrier No.:**

**Maryland PSC No.:**

**3. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):

**Name:** Bonita F Bullock

**Title:** Business Manager

**Telephone Number:** (301)270-4750

**Other Telephone:** (240)997-8144

**Fax Number:** (301)270-4754

**E-mail:** [bbullock@innovativelife.org](mailto:bbullock@innovativelife.org)

**4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

**Name of Registered Agent for Service of Process:**

**Agent Address:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:**

**E-mail:**

**5. \*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

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**6. \*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

<b>Fleet No.</b>	<b>Year*</b>	<b>Make*</b>	<b>Vehicle VIN*</b>	<b>License Plate*</b>	<b>State*</b>	<b>Seating Cap.*</b>	<b>Wheel Chair</b>

**\*Your vehicle list was attached to your submission.**

**7. \*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Bonita F Bullock

**Title:** Business Manager

**Date:** 01/29/2015

**6. LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:**

<b>FLEET NUMBER</b>	<b>MODEL YR</b>	<b>MAKE</b>	<b>VEHICLE VIN # (17 DIGITS)</b>	<b>LICENSE PLATE NUMBER</b>	<b>STATE REGISTERED</b>	<b>SEATING CAPACITY</b>	<b>WHEELCHAIR LIFT OR RAMP YES/NO</b>
1	2010	FORD E350	1FBNE3BL3ADA01609	DK0196	DC	12	N
2	2010	FORD E350	1FBNE3BL4ADA01926	DK0197	DC	12	N
3	2010	FORD E350	1FBNE3BLXADA04488	DK0198	DC	12	N
4	2010	FORD E350	1FBSS3BL1ADA04102	HP17164	DC	12	Y
5	2010	FORD E350	1FBSS3BLXADA04101	HP17165	DC	12	Y
6	2011	FORD E350	1FBNE3BL5BDB03480	EC1140	DC	12	N
7	2011	FORD E350	1FBSS3BL9BDA35499	B43336	DC	12	Y
8	2011	KIA Sadona	KNDMG4C70B6366649	6AP6810	MD	7	N
9	2008	FORD E350	1FBSS31L58DA78554	B45862	DC	12	Y
10	2008	FORD E350	1FBSS31L28DAO6341	B45867	DC	12	Y
11	2009	KIA Sadona	KNDMB233496282487	D45377	DC	7	N
12	2009	KIA Sadona	KNDMB233196282608	B42349	DC	7	N
13	2005	FORD E350	1FBNE31L65HA11695	DU4792	DC	7	N
14	2012	FORD E250	1FTNE2W7CDA97498	EU0291	DC	12	Y